

CLAIMS ONLY							Application Number <u>10 769954</u> Filing Date	
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2		/					52	
3							53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12		/					62	
13		/					63	
14		/					64	
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18		/					68	
19		/					69	
20	/						70	
21		/					71	
22		/					72	
23		/					73	
24		/					74	
25	/						75	
26		/					76	
27		/					77	
28		/					78	
29		/					79	
30		/					80	
31		/					81	
32		/					82	
33		/					83	
34		/					84	
35		/					85	
36	/						86	
37		/					87	
38		/					88	
39		/					89	
40		/					90	
41		/					91	
42		/					92	
43		/					93	
44		/					94	
45		/					95	
46	/						96	
47		/					97	
48		/					98	
49		/					99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	